



**OREGON DEQ Hazardous Waste
Filing Information Acknowledgment**

Date MAY 26, 1998

Your recent communication is hereby acknowledged. This communication resulted in the following filing information action:

ACTION:

- ☐ Modified/Added Status (as identified under Status)
- ☒ Issued New DEQ ID Number (identified under Facility)
- ☐ Canceled or Withdrawn DEQ ID Number (identified under Facility)
- ☐ Reactivate DEQ ID Number (identified under Facility)

STATUS:

- ☐ Transporter
- ☐ Market/Burn Hazardous Waste Fuels
- ☐ Market/Burn Used Oil
- ☐ Recycler
- ☒ Generator Status effective: 21 - MAY - 1998
 - ☐ Large Quantity Generator (LQG)
 - ☒ Small Quantity Generator (SQG)
 - ☐ Conditionally Exempt Small Quantity Generator (CEG)

FACILITY:

DEQ ID Number ORQ000009035
Facility Name KOGAP ENTERPRISES INC
Corporate Name NA
Site Number 2080 S PACIFIC HWY
MEDFORD OR 97501

This DEQ ID Number is permanently assigned to the site location listed above and is to be used on all shipping papers, manifests and correspondence concerning hazardous waste pertaining to that site. If the name, ownership, status, contact name, or similar changes occur, you will need to update your filing information. If for any reason hazardous waste is no longer generated, stored, or disposed of at this site, you may want to request a temporary withdrawal or cancel the DEQ ID Number. For these updates request a "Notification Form" from DEQ by calling 229-5913.

Please note that all generators must respond to the annual reporting requirements due by March 1 of each calendar year. Each facility with an open DEQ ID Number will receive instructions the previous December. All LQGs and SQGs must prepare a toxics use reduction plan. LQGs must also develop a toxics use reduction annual progress report and file the appropriate notice or report to DEQ by September 1 of the following year. For more information call the above number.

Date 5.21.98
Time of Request _____ Number of Pages 5

KOGAP Enterprises, Inc.
2080 S. Pacific Highway
P.O. Box 1608
Medford, Oregon 97501
Fax(541)770-6551 Phone (541)776-6500

To: SUSAN EIDMAN

From: ROGER NOTE
KOGAP Enterprises, Inc.

Re: EPA ID #

Message:

Fax No. 503. 229. 6977

Oregon DEQ
Waste Management &
Cleanup Division
811 SW 6th Avenue
Portland, OR 97204-1390

- ☐ Business closed at this location. Date of closure _____
- ☐ Business change of ownership. Date of change _____
- ☐ Business name change.
- ☐ Generator status change.
- ☐ Business address officially changed through the U.S. Post Office.
- ☐ Other

- ☒ NO

- SITE VISITS contact: Name: same Phone: same

7. The LEGAL OWNER of this business or operation is:

Name of person or organization: Kogap Ent. Inc.
Street Address or PO Box: P.O. Box 1608
City: Medford State: OR. ZIP: 97501 Phone: 776-6500

8. The LAND OWNER of the property where this facility is located is:

Name of person or organization: Same
Street Address or PO Box: _____
City: _____ State: _____ ZIP: _____ Phone: _____

9. Whom should DEQ contact about hazardous waste fees?

Name: Roger Note Organization: Kogap Ent. Inc.
Street Address or PO Box: P.O. Box 1608
City: Medford State: OR. ZIP: 97504 Phone: 776-6500

10. Please select the most appropriate classification for the Business Owner and Property Owner.

	Business Owner (check one)	Property Owner (check one)
Private	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Federal	<input type="checkbox"/>	<input type="checkbox"/>
State	<input type="checkbox"/>	<input type="checkbox"/>
County	<input type="checkbox"/>	<input type="checkbox"/>
District	<input type="checkbox"/>	<input type="checkbox"/>
Municipal	<input type="checkbox"/>	<input type="checkbox"/>
Native American Tribe	<input type="checkbox"/>	<input type="checkbox"/>

11. The Standard Industrial Classification (SIC) code that best describes the principal products or services rendered at the site is: 41225 SIC codes are listed on page 15 of the Hazardous Waste Reference Guidebook.12. Approximately how many people are currently employed full time at this facility? 54

13. If this facility is CURRENTLY a hazardous waste generator, what is its status? If the facility is NOT YET generating a hazardous waste, what will the status be? Refer to Helpful Hint #5 of the Hazardous Waste Reference Guidebook if you need assistance determining your generator status. (please check appropriate box below)

☐ Large Quantity Generator ☒ Small Quantity Generator ☐ Conditionally Exempt Generator
☐ Facility does not generate hazardous waste.

13a. Hazardous waste generated at this location is the result of (check all that apply):

☐ Ongoing or periodic generations of process waste
☐ Remediation of environmental contamination
☒ Removal of outdated or off-specification material
☐ Other _____

14. If this facility manages hazardous waste in units exempt from RCRA permit requirements such as elementary neutralization units, permitted WWTUs or accumulation tanks or containers, does this facility manage hazardous waste :

☐ Generated at this facility

☐ Generated by other facilities

Which permit-exempt activities occur at this facility?

☐ Treatment

☐ Disposal

☐ Recycling

N/a

Does your facility intend to develop permit-exempt capability in the future?

☐

YES

☐

NO

15. If this facility markets or burns hazardous waste fuels, please check the boxes below for activities applicable to your site. Used oil managed under used oil regulations are not considered hazardous waste fuels.

☐ Generator marketing to burner

☐ Other marketer

☐ Boiler and/or industrial furnace

15a. Burner operating under

☐ Smelter deferral

☐ Small Quantity Exemption

N/a

15b. Type of combustion device used at your facility

☐ Utility boiler

☐ Industrial boiler

☐ Industrial furnace

☐ Other _____

16. If this facility is a hazardous waste transporter, please check as many of the following boxes as appropriate.

☐ Transports only hazardous waste generated at this facility

☐ Transports for commercial purposes

☐ Transports hazardous waste by: (check all appropriate boxes)

☐ Air

☐ Rail

☐ Highway

☐ Water

N/a

My PUC Authority # is _____

17. If this facility manages hazardous waste in RCRA permitted units or units subject to a permit,

Does the facility manage hazardous waste:

☐ Generated at this facility?

☐ Generated by other facilities?

N/a

Which RCRA permitted activities occur at this facility?

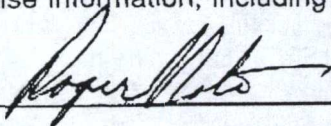
☐ Treatment

☐ Disposal

☐ Storage

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature



Date

5-21-98

Name (please print)

Roger Note

Title

Plant Mgr.

Comments:

Send completed form to:

Oregon DEQ
Waste Management and Cleanup Division
Attn: Hazardous Waste Forms Clerk
811 SW Sixth Avenue
Portland, OR 97205-1390